



**Tennessee Department of Human Services**  
**Register Of Persons Who Are Legally Blind**

T.C.A. 49-10-804 mandates that the Department of Human Services maintain a register of citizens who are legally blind and living in Tennessee. Whenever, upon examination at a clinic, hospital or other institution or elsewhere within the state, by a physician or optometrist, the visual acuity of person is found to be with correction 20/200 or less in the better eye, or the widest diameter of the person's field of vision is found to subtend an angle not greater than twenty degrees (20 degrees), the physician shall within (30) days report to the register of the blind the result of the examination and that blindness of the person examined be established.

No other department, bureau or agency of the state or of any political subdivision thereof that, under any law, is furnished with the names of registered blind persons shall permit the publication of list of the names or make use of the lists of names for purposes not directly connected with the administration of services or aid to blind persons.

|                                                                |  |                                |               |
|----------------------------------------------------------------|--|--------------------------------|---------------|
| <b>Name Of Person Referred:</b>                                |  | <b>Date Of Referral:</b> /   / |               |
| <b>Street Address:</b>                                         |  |                                |               |
| <b>City:</b>                                                   |  | <b>State:</b>                  | <b>Zip:</b> - |
| <b>Telephone Number:</b> (   )-   -                            |  |                                |               |
| <b>Date Of Birth:</b> /   /                                    |  | <b>Sex:</b> (M or F)           |               |
| <b>Social Security Number:</b> -   -                           |  |                                |               |
| <b>Best Corrected Visual Acuity:</b>                           |  |                                |               |
| <b>Visual Field (If Necessary To Confirm Legal Blindness):</b> |  |                                |               |
| <b>Vision Loss Diagnosis:</b>                                  |  |                                |               |
| <b>Date Of Exam:</b> /   /                                     |  |                                |               |
| <b>Comments:</b>                                               |  |                                |               |
| <br>                                                           |  |                                |               |
| <b>Person Making Referral:</b>                                 |  |                                |               |
| <b>Discipline or profession:</b>                               |  |                                |               |
| <b>Street Address:</b>                                         |  |                                |               |
| <b>City:</b>                                                   |  | <b>State:</b>                  | <b>Zip:</b> - |

Mail, email or fax completed referral form to: Susan Conder, IL Program Coordinator  
Services for the Blind & Visually Impaired  
400 Deaderick Street  
Citizens Plaza Building  
Nashville, TN 37243  
615-313-5345 (phone) 615-741-6508 (fax)  
[susan.conder@tn.gov](mailto:susan.conder@tn.gov)